

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000048233

1. Entity Name
ENQUIP TECHNOLOGIES GROUP INCORPORATED



Principal Place of Business

914 MACEWEN DRIVE
OSPREY, FL 34229

Mailing Address

914 MACEWEN DRIVE
OSPREY, FL 34229

DO NOT WRITE IN THIS SPACE



02092004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0679925

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NAIDEL, JEFFREY L
5116 ASHTON PINES LANE
SARASOTA, FL 34231

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE JEFFREY L. NAIDEL
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE 2/11/04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	NAIDEL, ROBERT W.
STREET ADDRESS	914 MAC EWEN DRIVE
CITY-ST-ZIP	OSPREY, FL
TITLE	VP
NAME	NAIDERL, JEFFREY L.
STREET ADDRESS	5116 ASHTON PINES LANE
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	ST
NAME	NAIDEL, PATRICIA A.
STREET ADDRESS	914 MAC EWEN DRIVE
CITY-ST-ZIP	OSPREY, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA A NAIDEL PATRICIA A NAIDEL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/11/04 941-966-1885